

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/ 569 831	FILING DATE 2-28-06	APPLICANT(S)						
CLAIMS															
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51								
2		1		1			52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36		4		4			86								
37							87								
38	1		1				88								
39		1		1			89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←	42	←		←	TOTAL DEP.		←		←		←		
TOTAL CLAIMS			44				TOTAL CLAIMS								